

Health Insurance Status of Massachusetts Urban Area Residents

This publication is the first in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2002 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: www.mass.gov/dhcfp.

In January 2003, the Massachusetts Division of Health Care Finance and Policy (DHCFP) released statewide uninsured rates for children and adults based on the 2002 survey.¹ At the local level, interest is frequently expressed for more specific health insurance coverage information to help identify local differences between the insured and uninsured populations. This *Access Update* presents comparative information on five large urban areas: Boston, Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester.² Together, these five urban areas comprise one-third of the state's uninsured population. Individual monographs (one per urban area) highlight more specific differences in health status and health related utilization relative to DHCFP's 2000 survey data.

Key Findings of the 2002 Survey

- Residents of the five urban areas were more likely to be uninsured than residents statewide.
- Compared to the other urban areas, Boston and Lawrence/Lowell had significantly higher rates of uninsured non-elderly (ages 0 to 64) and adults (ages 19 to 64). While higher than the statewide rate, Worcester had significantly lower uninsured rates for these two age groups than the other four urban areas.
- Children ages 0-18 were the least likely to be uninsured, but the rate varied by urban area. Children in Fall River/New Bedford and Worcester were less likely to be uninsured than children statewide, while children in Boston and Lawrence/Lowell were significantly more likely to be uninsured than children statewide.
- Most uninsured rates among racial or ethnic groups were higher in the five urban areas than they were state-

wide. However, statewide, Hispanics had higher uninsured rates than Hispanics living in each of the urban areas except Boston.

- Statewide, the uninsured were twice as likely as the insured to live in low-income households.³ This trend changed for the five urban areas where, for the most part, the uninsured were just as likely as the insured to live in low-income households. In Springfield, however, the uninsured were less likely than the insured to live in low-income households.
- Most insured residents in the five urban areas reported that they received health care coverage from their employer,⁴ with Medicaid being the second largest source of coverage. Insured residents in the five urban areas were more likely to have Medicaid coverage than insured residents statewide.
- Most uninsured in the five urban areas were employed, worked full-time and had worked for an employer for more than one year.
- Compared to working insured in the five urban areas, the working uninsured were more likely to be self-employed. The working uninsured were also less likely to have worked for the same employer for more than a year, and more likely to have worked for a small firm. With the exception of Fall River/New Bedford, urban area working uninsured were also less likely to have worked full-time⁵ than the working insured.

Figure 1
Non-Elderly Uninsured within an Age Group

	Five Urban Areas	Statewide
All Ages	10.4%	6.7%
Ages 0-64	11.3%	7.4%
Ages 19-64	14.0%	9.2%
Ages 0-18	5.2%	3.2%

Methodology

The Massachusetts Division of Health Care Finance and Policy has conducted three state-sponsored surveys (1998, 2000 and 2002) to identify the characteristics of the uninsured population. In 2000 and 2002, the surveys sampled an additional number of households in five urban areas (Boston,

Fall River/New Bedford, Lawrence/Lowell, Springfield and Worcester) in order to develop valid estimates of the uninsured residing in these urban areas. This monograph analyzes data from the 2002 survey and highlights differences in the insurance status of Massachusetts' residents among the five urban areas. The over-sample of urban area residents was

Figure 2
Uninsured Adults by Region and Urban Area, Ages 19-64

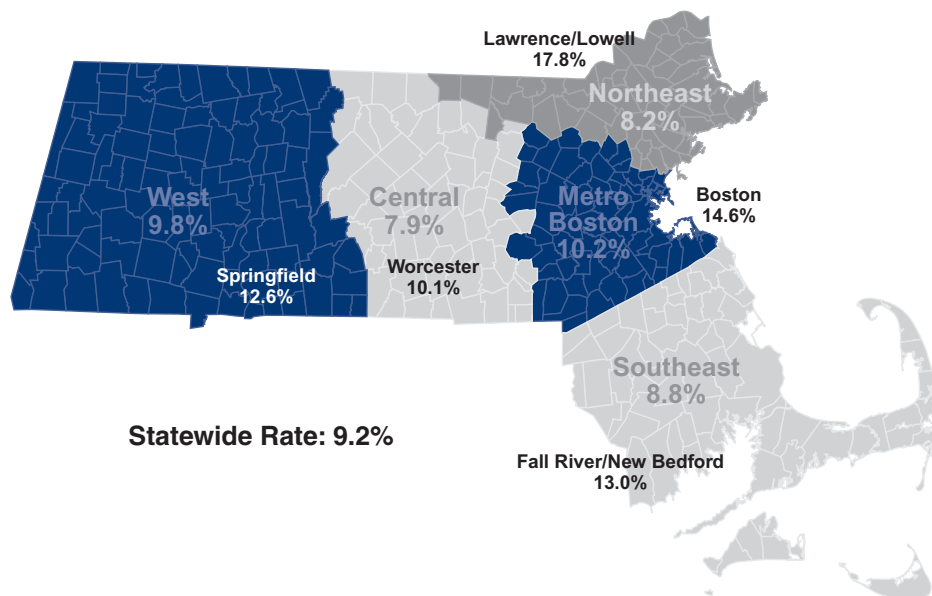
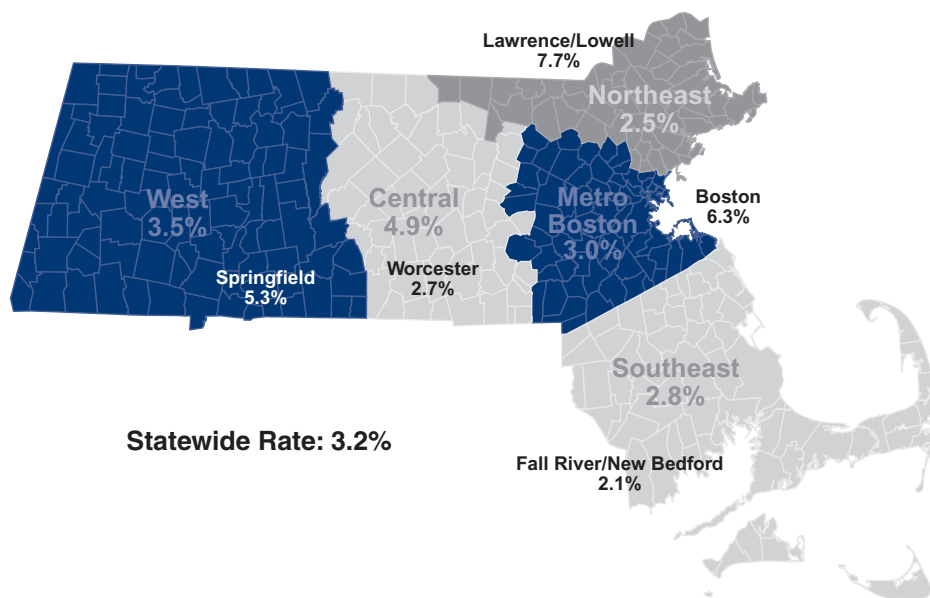


Figure 3
Uninsured Children by Region and Urban Area, Ages 0-18



conducted between March and October of 2002. The data collected represents 2,176 households and 5,674 individuals residing in the five urban areas. The survey sample was drawn from a computer-generated random list of telephone numbers by specific area code and exchange combinations. In each of the five urban areas, participants were also asked to verify their residency. The questionnaire was available in Spanish and English. Responses were weighted to reflect population estimates.

Demographics

Age. Residents of the five urban areas were more likely to be uninsured than residents statewide. Consistent with state-wide trends, the highest rates of uninsured in the five urban areas were among the non-elderly (ages 0-64) and adults (ages 19 to 65) (see Figure 1). Worcester had significantly lower rates of uninsured non-elderly and adults than the other four urban areas, while Lawrence/Lowell and Boston had the highest rates of uninsured non-elderly and adults among the five urban areas (see Figure 2). Among Massachusetts adults, those ages 19-39 had the highest rate of uninsured both statewide (12.1%) and in each urban area, but were even more likely to be uninsured in the five urban areas. Lawrence/Lowell had the highest (22.8%), and Worcester had the lowest percent (12.7%) of uninsured ages 19 to 39. Children ages 0-18 remained the least likely to be uninsured. The percent of uninsured children in Fall River/New Bedford was significantly lower than that of children statewide (2.1% compared to 3.2%), whereas, except for Worcester, children in the other urban areas were more likely to be uninsured (ranging from 5.3% to 7.7%) compared to children statewide (see Figure 3).

Income. In each of the five urban areas, the majority of the uninsured resided in households with incomes above 200% of the federal poverty level (FPL). Low-income households in Boston had a disproportionately larger percent of uninsured compared to higher-income households. In contrast, Springfield had the lowest percent of uninsured residing in low-income households and a greater percent of uninsured residing in households with income above 200% of the FPL (see Figure 4). While the uninsured in Lawrence/Lowell were distributed evenly among these two income brackets, they had the highest or second highest uninsured rates in each income group compared to the other four urban areas.

Race/Ethnicity. Most uninsured rates among racial or ethnic groups were higher in the five urban areas than statewide. Statewide, Hispanics had the highest rate of uninsured (13.9%) and Blacks had the second highest rate of uninsured

Figure 4

Non-Elderly Uninsured within an Income Category

	Below FPL	Above 200% FPL
Five Urban Area Average⁶	10.1%	9.1%
Boston	12.2%	8.1%
Fall River/New Bedford	9.3%	8.8%
Lawrence/Lowell	12.8%	12.5%
Springfield	5.8%	13.0%
Worcester	7.5%	6.9%
Statewide	13.5%	6.8%

(9.0%). While this trend was the same in Boston, the other four urban areas showed marked variation. In Lawrence/Lowell and Worcester, the mixed-race population had a higher rate of uninsured (23.3% and 15.4%) compared to other racial or ethnic groups. In Fall River/New Bedford, whites were more likely to be uninsured (9.1%) than other racial or ethnic groups, while blacks had the highest percent of uninsured (12.1%) in Springfield.

Knowledge of Health Programs. Over the past few years, MassHealth (the Medicaid program in Massachusetts), has increased outreach efforts, resulting in greater enrollment. Another positive result of these efforts is the high recognition rate of the MassHealth program among the uninsured in all of the urban areas, except Boston. This was consistent with “source of insurance” reporting trends for the five urban areas where the insured were between 1.3 and three times more likely to have received health coverage through the Medicaid program than any other source of insurance. In contrast, much more variability was seen in the awareness level for the Uncompensated Care Pool, commonly known as Free Care. Among the five urban areas, awareness of Free Care ranged from a high of 54.8% in Worcester to a low of 24.2% in Springfield.

Able to Pay for Health Care Coverage and Amount Willing to Pay. Statewide, 74% of uninsured adults reported that they were able to pay some amount towards their health care coverage. Comparatively, fewer urban area uninsured reported that they were able to pay for coverage (71%), with 41% of these respondents willing to pay \$100 or more per month (see Figure 5). When looking at those willing to pay for coverage by household income statewide, 36.7% of the low-income uninsured compared to 54.9% of higher-income uninsured

Figure 5
Uninsured Able to Pay Some Amount for Health Insurance and Amount Willing to Pay, Ages 19-64

	Able to Pay	\$1-\$99 per Month	\$100+ per Month
Five Urban Area Average	70.9%	59.0%	41.0%
Boston	65.9%	68.5%	31.5%
Fall River/New Bedford	85.5%	52.9%	47.1%
Lawrence/Lowell	66.9%	51.7%	48.3%
Springfield	76.8%	60.0%	40.0%
Worcester	66.7%	51.1%	48.9%
Statewide	74.1%	52.9%	47.2%

adults statewide were willing to pay \$100 or more per month. In contrast, the majority of both low- and high-income uninsured adults residing in the urban areas were willing to pay less than \$100 per month for health care coverage.

Employment. The employment trends among the uninsured in the five urban areas were similar to statewide trends. Greater disparities were more likely to be found among the urban areas themselves (for more details, see the individual report for each urban area). The majority of uninsured adults statewide and in the five urban areas were employed, worked for an employer, and had worked for the same employer for over a year. Compared to the insured, however, they were more likely to be self-employed and less likely to have worked for the same employer for more than a year. With the exception of Fall River/New Bedford, working uninsured were also less likely than the insured to work full-time (see Figures 6 and 7). The working uninsured in the other four urban areas were over two times more likely than the insured to work for an employer less than a year. Most of the uninsured working part-time in these four urban areas worked between 20 and 35 hours per week. In the five urban areas overall, an average of 89% of working insured worked full-time, compared to an average of 66.4% of working uninsured. Fall River/New Bedford had the greatest percent of uninsured working full-time (87.6%), about the same as the insured population of this area. The larger disparities between the rate of uninsured and insured working full-time were found in Boston and Lawrence/Lowell, where the insured were almost 50% more likely than the uninsured to work full-time (see Figures 8 and 9).

Statewide, uninsured adults were far more likely to work in small firms versus large firms. In most of the urban areas,

Figure 6
Working Uninsured by Type of Employment, Ages 19-64

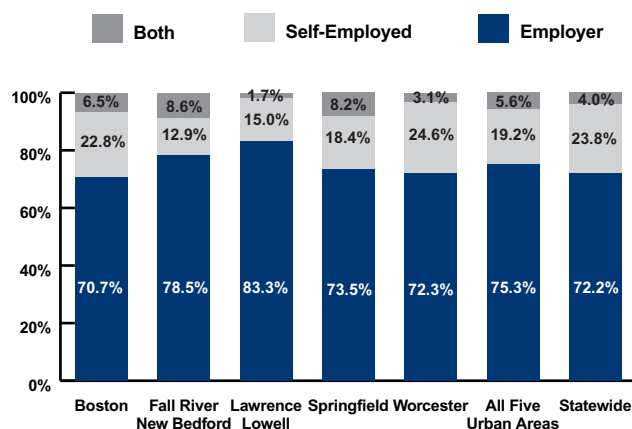
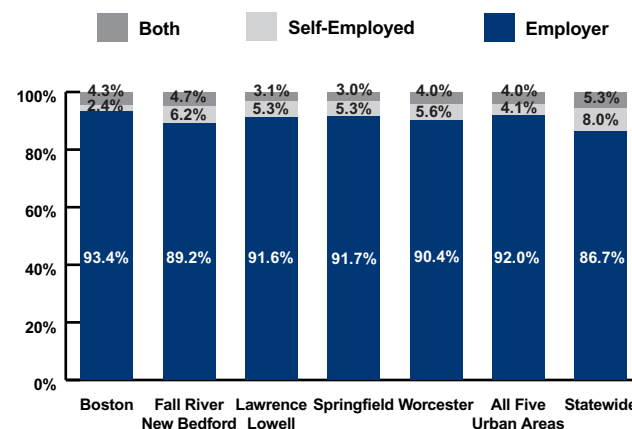


Figure 7
Working Insured by Type of Employment, Ages 19-64



however, there was less or no disparity between the percent of uninsured working in small firms versus large firms. In fact, working uninsured adults in Springfield were more likely to work in large firms while working uninsured adults in Lawrence/Lowell were just as likely to have worked in small firms as large firms. Worcester was the exception, with 70% of working uninsured adults employed by small firms versus only 30% employed by large firms (see Figure 10).

Employer-Offered Health Care Coverage. Slightly lower than the statewide rate (40%), an average of 37.1% of working uninsured in the five urban areas reported that their employer offered health insurance. However, with the exception of

Figure 8
Working Uninsured by Hours Worked per Week, Ages 19-64

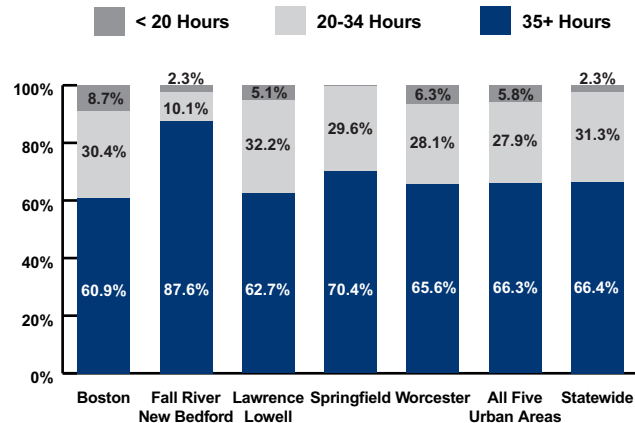
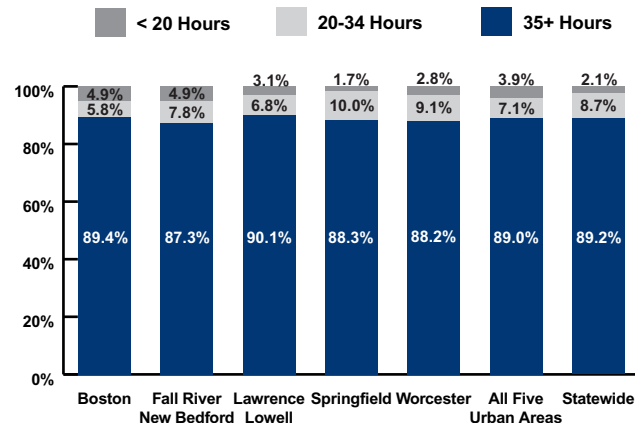


Figure 9
Working Insured by Hours Worked per Week, Ages 19-64



Boston, working uninsured in the urban areas who reported that their employer offered coverage were far more likely than working uninsured statewide to be eligible for their employer-offered health plan (see Figure 11). For those reporting the availability of employer-offered plans, the type of health plan offered varied dramatically. Statewide, the percent of insured individuals offered self-coverage rather than family coverage was fairly evenly divided (48.5% versus 51.5%), whereas the overwhelming majority of insured adults in the five urban areas (81.2%) reported family coverage as the type of plan offered. “Cost” was the most common reason given for opting not to take the coverage offered. More than half of the work-

ing uninsured in each of the five urban areas and 57% of the working uninsured statewide reported that health insurance was too expensive. There was more variation, however, when respondents were asked about other reasons. For example, 24% of working uninsured in Springfield cited that health care benefits did not meet their needs, compared to over 54% of working uninsured in Lawrence/Lowell who believed that the benefits were insufficient.

Access and Utilization

While health insurance coverage does not ensure better quality of health, it is highly correlated with access to health care and better health status. Similar to utilization trends statewide, uninsured adults in most of the five urban areas were far less likely to visit a doctor or an emergency room (ER)

Figure 10
Working Uninsured by Firm Size, Ages 19-64

	< 50 Employees	50+ Employees
Five Urban Area Average	56.0%	44.0%
Boston	62.1%	37.9%
Fall River/New Bedford	57.3%	42.7%
Lawrence/Lowell	49.5%	50.5%
Springfield	41.3%	58.7%
Worcester	70.0%	30.0%
Statewide	59.4%	40.7%

Figure 11
Employer-Offered Health Plan and Eligibility Reported by Working Uninsured Adults, Ages 19-64

	Employer Offers Coverage	Eligible for Offered Plan
Five Urban Area Average	37.1%	60.1%
Boston	34.4%	41.4%
Fall River/New Bedford	44.1%	82.9%
Lawrence/Lowell	36.4%	65.1%
Springfield	35.4%	64.7%
Worcester	45.2%	78.6%
Statewide	40.0%	57.0%

Figure 12
Non-Elderly Adults by Insurance Status
and Physician Office Visits

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Five Urban Area Average	44.8%	55.2%	15.6%	84.4%
Boston	34.7%	65.3%	14.7%	85.3%
Fall River/ New Bedford	57.4%	42.6%	17.7%	82.3%
Lawrence/ Lowell	50.9%	49.1%	15.2%	84.8%
Springfield	50.8%	49.2%	15.1%	84.9%
Worcester	51.3%	48.7%	17.5%	82.5%
Statewide	54.9%	45.2%	15.5%	84.6%

Figure 13
Non-Elderly Adults by Insurance Status
and Emergency Room Utilization

	Uninsured		Insured	
	0 Visits	1+ Visits	0 Visits	1+ Visits
Five Urban Area Average	72.2%	27.9%	63.0%	37.0%
Boston	72.5%	27.5%	61.6%	38.4%
Fall River/ New Bedford	66.1%	33.9%	63.0%	37.0%
Lawrence/ Lowell	78.3%	21.7%	64.0%	36.1%
Springfield	60.8%	39.2%	61.5%	38.5%
Worcester	76.4%	23.6%	68.2%	31.8%
Statewide	75.3%	24.6%	73.0%	27.0%

than were insured adults. Statewide, 55% of uninsured adults reported that they never visited the doctor in the past year, compared to only 16% of insured adults. In Boston, the disparity was less, with 35% of the uninsured reporting that they never visited a doctor, compared to over 50% of the uninsured in each of the other urban areas.

While only a small percent of all adults actually visited an ER in the past year, the insured adults in each of the urban areas, except Springfield, were more likely to have visited an ER than were uninsured adults. The largest disparity in ER utilization was in Lawrence/Lowell, where only 21.7% of the uninsured adults reported that they made a visit to the ER, compared to 36.1% of the insured adults (see Figures 12 and 13).

Figure 14
Adults Not Seeking Care for Chronic Condition
by Type of Care and Insurance Status

	Uninsured			Insured		
	Have Chronic Illness	No Doctor Visits	No Prescriptions	Have Chronic Illness	No Doctor Visits	No Prescriptions
Five Urban Area Average	23.8%	42.2%	60.8%	36.7%	6.0%	20.6%
Boston	27.6%	51.4%	71.4%	34.1%	5.3%	24.5%
Fall River/ New Bedford	21.7%	50.0%	62.5%	42.4%	7.3%	19.6%
Lawrence/ Lowell	16.7%	25.0%	50.0%	38.7%	6.5%	18.9%
Springfield	25.4%	33.3%	45.5%	39.7%	4.9%	8.3%
Worcester	25.8%	25.8%	41.9%	35.3%	6.7%	22.6%
Statewide	26.5%	42.5%	48.8%	35.5%	7.0%	78.3%

Statewide, insured adults were 25% more likely than uninsured adults to report that they had a chronic condition lasting three months or more in 2002. In the five urban areas, insured adults were even more likely than uninsured adults to report that they had a chronic illness. This disparity was greatest in Lawrence/Lowell where far fewer uninsured adults than insured (16.7% versus 38.7%) reported a chronic illness. In contrast, there was less of a difference for Boston adults, where 27.6% of uninsured adults and 34.1% of insured adults reported that they had a chronic condition, relative to the other four urban areas.

Statewide, among those who reported having a chronic illness, however, 42.5% of uninsured adults reported that they did not visit the physician for their condition, compared to 7% of insured adults. Among the urban areas, 25.8% or more of chronically ill uninsured adults reported that they did not visit the doctor for their condition in the past three months, compared with 7.3% or less of insured adults. Additionally, 40% or more of chronically ill uninsured adults in each urban area, compared with 25% or less of insured adults, reported that they did not take a prescription for their condition in the past three months. Boston and Fall River/New Bedford had the highest percent of chronically ill uninsured adults who reported that they did not visit a doctor (51.4% and 50%) or take a prescription drug (71.4% and 62.5%) for their condition (see Figure 14).

Conclusion

The differences that exist between the uninsured and insured populations statewide with respect to age, employment trends, and utilization of health services were also found in the five urban areas. However, greater differences exist among the urban areas. These variations reflect the

current economic climate in Massachusetts, which seems to have impacted populations differently depending on age, race and geographic location. Therefore, the information in this monograph will help to refocus existing health care delivery systems toward the populations most in need at this time.

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1. See the DHCFP web site for the other *Access Update* monographs: www.mass.gov/dhcfp.
 2. In this report, percentages are based on the non-elderly population, ages 0-64, unless otherwise specified.
 3. Low-income households are households with income at or below 200% of the federal poverty level.
 4. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran's Administration), a group purchaser (i.e., labor union, professional association), and past employers.
 5. Full-time employment is 35 or more hours per week. Part-time employment is less than 35 hours per week. In either case, employed respondents surveyed may have worked more than one job.
 6. The "five urban area average" was calculated using the entire survey sample for the five urban areas.